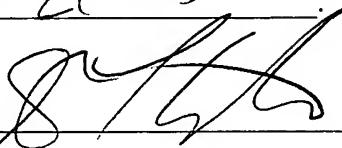


2182/8cc

CERTIFICATE OF MAILING

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

on 6-21-05

Jeffrey R. Kuester

In Re Application of:

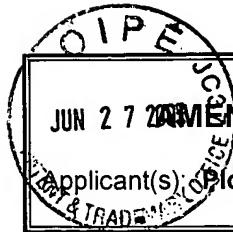
Plourde, Harold J. Confirmation No.: 8250
Serial No.: 10/005,628 Group Art Unit: 2182
Filed: December 5, 2001 Examiner: Peyton, Tammara R.
Docket No.: A-7446 (191920-1130)

For: **Disk Driver Cluster Management of Time Shift Buffer with File Allocation Table Structure**

The following is a list of documents enclosed:

Return Postcard
Amendment Transmittal Page
Fee Transmittal Page
Credit Card Authorization - Authorizing \$250 for Add'l. Claims
Amendment and Response to Office Action

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

**JUN 27 2005 AMENDMENT TRANSMITTAL LETTER (LARGE)**

Applicant(s): Plourde, Harold J.

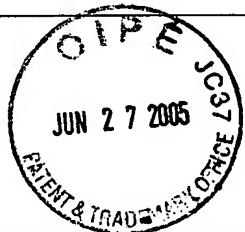
Docket No.

A-7446 (191920-1130)

Serial No. 10/005,628	Filing Date December 5, 2001	Examiner Peyton, Tammara R.	Confirmation No. 8250	Group Art Unit 2182
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Invention: Disk Driver Cluster Management of Time Shift Buffer with File Allocation Table Structure

Commissioner for Patents
Mail Stop Amendment
P.O. Box 1450
Alexandria VA 22313-1450



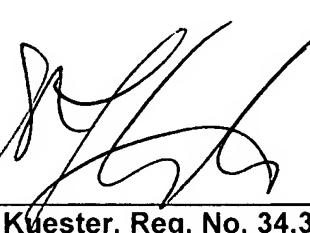
Transmitted herewith is an Amendment and Response to Office Action in the above-identified application.

The fee has been calculated and is transmitted as shown below

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	61 -	56 =	5	X \$50.00	\$250
INDEP. CLAIMS	6 -	6 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$360.00
EXTENSION FEE	1ST MONTH <input type="checkbox"/> \$120.00	2ND MONTH <input type="checkbox"/> \$450.00	3RD MONTH <input type="checkbox"/> \$1,020.00	4TH MONTH <input type="checkbox"/> \$1,590.00	\$0
Other Fees:					\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$250.00

No additional fee is required.
 Please charge Deposit Account No. _____ in the amount of _____. A duplicate copy of this page is enclosed.
 A check in the amount of _____ to cover the filing fee is enclosed.
 A Credit Card Payment Form PTO-2038 is attached in the amount of \$250.00 (for add'l. claims).
 The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.


Jeffrey R. Kuester, Reg. No. 34,367

6-21-05

Date

Effective on 12/08/2004

Fees Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

JUN 27 2005

C37
ENT & TRADE
COMMISSION Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**250.00****Complete if Known**Application Number **10/005,628**Filing Date **December 5, 2001**First Named Inventor **Plourde, Harold J.**Examiner Name **Peyton, Tamara R.**Art Unit **2182**Attorney Docket No. **A-7446 (191920-1130)****METHOD OF PAYMENT** (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: **20-0778** Deposit Account Name: **Thomas, Kayden, Horstemeyer Risley, L.L.P.** For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing Fees	Search Fees	Examination Fees		
	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	Fees Paid (\$)
Utility	300	150	500	250	200
Design	200	100	100	50	130
Plant	200	100	300	150	160
Reissue	300	150	500	250	600
Provisional	200	100	0	0	0

2. EXCESSIVE CLAIM FEESFee Description

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
		Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
61	-20 or HP = 5	50	250	360	0

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
		Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
6	-3 or HP = 0	200	0	360	0

HP = highest number of total claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
			Fee (\$)	Fee Paid (\$)
-100 =	/50=	(round up to a whole number) x	250 =	0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	Fee Paid (\$)
Other:	0

SUBMITTED BY

Signature		Registration No. 34,367	Telephone Number 770-933-9500
Name: (Print/Type)	Jeffrey R. Kuester	Date:	6-21-05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. Send to Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re Application of:

Plourde, Harold J.

Confirmation No.: 8250

Serial No.: 10/005,628

Group Art Unit: 2182

Filed: December 5, 2001

Examiner: Peyton, Tammara R.

Docket No.: A-7446 (191920-1130)

For: Disk Driver Cluster Management of Time Shift Buffer With File Allocation Table Structure

AMENDMENT AND RESPONSE TO OFFICE ACTION

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

The outstanding non-final Office Action mailed March 21, 2005 has been carefully considered. In response thereto, please enter the following amendments in which claims 1, 23, 24, 25, 46, 50, and 51 are amended and claims 57-61 are added. Claims 1-61 are now pending in the present application. Reconsideration and allowance of the application and presently pending claims, as amended, are respectfully requested.

AUTHORIZATION TO DEBIT ACCOUNT

It is believed that no extensions of time or fees for net addition of claims are required, beyond those which may otherwise be provided for in documents accompanying this paper. However, in the event that additional extensions of time are necessary to allow consideration of this paper, such extensions are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to deposit account No. 20-0778.

06/28/2005 WABDEL1 00000045 10005628

01 FC:1202

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